

# 2002 UNIFORM BUSINESS REPORT (UBR)

0066223

DOCUMENT # 730029

1. Entity Name

BERKSHIRE "C" CONDOMINIUM ASSOCIATION, INC. ✓

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 APR -3 AM 8:15

Principal Place of Business

Mailing Address

C/O CAROL WEINBERGER  
BERKSHIRE C 2045  
DEERFIELD BEACH FL 33442

C/O CAROL WEINBERGER  
BERKSHIRE C 2045  
DEERFIELD BEACH FL 33442

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1906109

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONDOMINIUM OWNERS ORGANIZATION  
3501 WEST DRIVE  
DEERFIELD BEACH FL 33442-2085

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEINBERGER, CAROL BERKSHIRE C 2045 DEERFIELD BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHNELL, HARRY BERKSHIRE C 3045 DEERFIELD BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWN, MIRIAM BERKSHIRE C 3050 DEERFIELD BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, MIRIAM BERKSHIRE C 3050 DEERFIELD BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEG, EDITH BERKSHIRE C 3041 DEERFIELD BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, BERNICE BERKSHIRE C 4048 DEERFIELD BEACH FL	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SPITZ CONNIE BERKSHIRE C 4042 DEERFIELD Bch. FLA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEVANT CECILE BERKSHIRE C 2047 DEERFIELD Bch FLA.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000005258320--0 -04/12/02--01058--001 **15067.50 *****61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the recorder or trustee empowered to execute this report as required by chapter 627, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL WEINBERGER

1/14/002 (954)426-2962

CR2E037 (9/01)